

One evening I was projected to be the charge RN and had seen texts asking for help, "that we would be minus 5 RNs at 0300.

At 6:45 I run into our management in the hall on her way to her car. I ask her if any progress has been made at filling the holes. She stated "Maybe staffing can send float pool, I didn't check in with the charge RN". I thought to myself as she said she didnt even check in with the charge RN before leaving, " there is only 1 float RN that comes to the ED, and we are regularly told they were needed in the ICU more."

I further ask her what the plan will be. She states,
"Well there is a person on orientation with experience so maybe you can ask her to take patients independently? Good luck."
She walks away .

Night shift huddle is now in 10 minutes. Manager doesn't come talk to staff or be the one to ask this new hire on her second week on the unit if she would be comfortable taking patients independently.

Float pool sends us the RN, but it is trauma season and the TICU doesn't have the staff to support Trauma that night, so we are going to be short all our float roles.

And then just as expected.. It was an ER.

Did I mention the TICU was short staffed? At 0245 I had 2 SICK ICU holds in the bays, plus 2 other traumas. So no code bed.

That room I was going to close on team 1? Right after I got the patient out of it and into the hallway DPS pulls up to the ambulance bay with a seizing patient in the back of their car.

I have added a 2 patient charge RN assignment for for myself while still expected to help the triage lead with the 17 patients in the lobby.

At 0300 I page management, my plan has failed, the bays are full, I couldn't close all the rooms I wanted to. Triage is at high volumes. I have a patient assignment as charge. Its unsafe and I need help.

And then, wouldn't you know right at 03:25 an ambulance comes. Because it doesn't matter if you are on divert, if the patient is sick enough they go to the closet hospital for stabilization. Incoming patient has 02 sats of 70% on CPAP. This patient needs an emergent intubation. The only person in the whole department who has any bandwidth at all to resuscitate this patient is me. Another employee able to help me was our unit secretary who luckily has a medical back ground. One of the trauma RNs stepped away from their sick

patients for long enough that they could push the RSI meds for me and then had to leave again.

The new hire ON HER SECOND WEEK ended up splitting 9 patients with her preceptor.

Did management come in. Yes. she spent the first... Hour... off the unit in her office. Was I asked in the midst of all of this chaos why other nurses had called out sick for their next shifts? I was. So much time wasted rather than jumping in and helping.

This was not the most unsafe shift I was the charge RN for in 2022 either. Just the one that was most unsafe because the ED was short staffed.